MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12386

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Sykesville
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) Cold Spring Nursing Home √

3. NAME OF DECEASED: (Type or Print) (First) FLORENCE (Middle) GRANVILLE (Last) ADDISON

4. DATE OF DEATH: (Month) 11 (Day) 24 (Year) 1952.

5. SEX: fem.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 2 Sept. 1869

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas Hollenshade

14. MOTHER'S MAIDEN NAME: Ellen ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X
Immediate cause (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: days
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Hypertensive cardiovascular disease — 5 yrs and longer
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis, simple deterioration — 5 yrs and longer

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1952, to Nov. 24, 1952, that I last saw the deceased alive on Nov. 24, 1952, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

SIGNATURE Gerhard Sonnenfeldt (DEGREE OR TITLE) M.D. ADDRESS Springfield State Hospital DATE SIGNED 1952

23. BURIAL, CREMATION REMOVAL (Specify): Removal DATE THEREOF 12/2/52 NAME OF CEMETERY OR CREMATORY University Med School LOCATION (City, town, or county) (State) Balto City Md

DATE REC'D BY LOCAL REG. 12-2-52 REGISTRAR'S SIGNATURE C. Harry Elliott

24. FUNERAL DIRECTOR Frances A Hemsley ADDRESS 578 W Biddle St

V. S. A. 8-51

RECEIVED
DEC 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12387

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 70

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY **Carroll** — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN **Rural Taneytown** — LENGTH OF STAY (In this place) **65 years**
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE **Md** — COUNTY **Carroll**
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN **Rural Taneytown**
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) **Charles** (Middle) **A** (Last) **Baker**

4. DATE OF DEATH: (Month) **Nov** (Day) **27** (Year) 19**52**

5. SEX: **M**

6. COLOR OR RACE: **W**

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) **married**

8. DATE OF BIRTH: **2/17/1887**

9. AGE last birthday: **65** yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): **retired farmer**

10b. KIND OF BUSINESS OR INDUSTRY: **Rubber Factory 18 months**

11. BIRTHPLACE (State or foreign country): **Md**

12. CITIZEN OF WHAT COUNTRY: **U.S.A.**

13. FATHER'S NAME: **Jacob Baker**

14. MOTHER'S MAIDEN NAME: **Isabelle Bell**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): **No** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: **214-28-5306**

17. INFORMANT AND ADDRESS: **Lillian Sell Baker--Taneytown,Md.**

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) *Cerebral hemorrhage* — INTERVAL BETWEEN ONSET AND DEATH: *Minutes*

3317 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): *James I. Shard, Deputy Medical Examiner* — ADDRESS: *Westminster Md* — DATE SIGNED: *Nov 27/52*

23. BURIAL, CREMATION, REMOVAL (Specify): **Burial** | DATE THEREOF: **Nov. 30, 1952** | NAME OF CEMETERY OR CREMATORY: **Reformed Church** | LOCATION (City, town, or county) (State): **Taneytown, Md.**

DATE REC'D BY LOCAL REG.: **November 29, 1952** | REGISTRAR'S SIGNATURE: *Ethel M. Mehring Local* | 24. FUNERAL DIRECTOR: **C.O. FUSS & SON** | ADDRESS: **Taneytown, Md.**

VS. A15A

RECEIVED
DEC 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12388

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A/B 5-51

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Sykesville
LENGTH OF STAY (in this place): 1 year, 3 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore, 30
STREET ADDRESS (If rural, give location): 1006 Scott Street

3. NAME OF DECEASED (Type or Print): (First) Medora (Middle) (Last) Bales

4. DATE OF DEATH: (Month) Nov. (Day) 6 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	Single	10-23-1874	78 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	none	Bullard County, Kentucky	U.S.A.

13. FATHER'S NAME: Jacob Bales

14. MOTHER'S MAIDEN NAME: Joanne Bales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
unknown	Unknown	Hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
443X Immediate cause	(a) Hypostatic pneumonia	2 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive cardio-vascular disease	4 weeks
628.1 DUE TO		
	(c) Generalized arteriosclerosis	1½ years
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	late latent syphilis Senile psychosis - simple deterioration	1½ years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 10-5, 1951, to 11-6, 19 52, that I last saw the deceased alive on 11-6, 19 52, and that death occurred at 11:55 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Gertrud Sonnenfeld M.D.	Springfield State Hospital	11/6/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	November 8-1952	Mt Olivet	Frederick Rd Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/12/52	[illegible]	Schwemberg Funeral Service	1126 W Conald

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12389

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Mills
LENGTH OF STAY (in this place) 53 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Mills
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) MAGDELENE (Last) BANKERT

4. DATE OF DEATH: (Month) 11 (Day) 13 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 9-1874

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin Yingling

14. MOTHER'S MAIDEN NAME: Mary M. Black

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Calvin E. Bankert Union Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic heart disease

260 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) diabetes mellitus.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1952, to Nov 13, 1952, that I last saw the deceased alive on Nov, 1952, and that death occurred at 5 a.m., from the causes and on the date stated above.

SIGNATURE: Ralph E. Bettinger (Degree or title) M.D. ADDRESS: Hanover Pa. DATE SIGNED: Nov. 14 '52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Nov. 15, 1952 | NAME OF CEMETERY OR CREMATORY: St. Marys Cemetery | LOCATION (City, town, or county): Silvercrum (State): Md.

DATE REC'D BY LOCAL REG. 11/15/52 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: H Bankard Son Westminster, Md. ADDRESS

RECEIVED
NOV 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12390

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 78

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Winfield — LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Winfield
STREET ADDRESS (If rural, give location): Rural-- Westminster

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) AMELIA (Last) BARNES

4. DATE OF DEATH: (Month) Nov (Day) 22 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 11-5-1882

9. AGE last birthday: 70 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: David Cover

14. MOTHER'S MAIDEN NAME: Laura J. Lindsay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: C. Ray Barnes, R.D. Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331K

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 1 day

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Sclerosis — Interval between onset and death: 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 6, 1950 to Nov 22, 1952, that I last saw the deceased alive on Nov 21, 1952, and that death occurred at 2:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

C. M. Waltz Poole M.D. Mt Airy Md 11/23/52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: 11-25-1952 — NAME OF CEMETERY ~~OR CREMATORY~~: Taylorsville — LOCATION (City, town, or county) (State): Carroll Co., Md.

DATE REC'D BY LOCAL REG.: 11-24-52 — REGISTRAR'S SIGNATURE: E M Farver

24. FUNERAL DIRECTOR — ADDRESS: C. M. Waltz, Winfield, Md.

RECEIVED
NOV 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The form age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville — LENGTH OF STAY (in this place): 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 4130 Alameda Blvd ✓

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Daniel (Last) Base
4. DATE OF DEATH: (Month) 11 (Day) 30 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	married	7/21/73	79 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Self Farmer	Self	Maryland	U.S.A.

13. FATHER'S NAME: John Base
14. MOTHER'S MAIDEN NAME: Catherine Schaeffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No			Hospital records, Springfield State Hospital

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331X Immediate cause	(a) Cerebral Hemorrhage	1 day
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Generalized Arteriosclerosis, Hypertension	Years
DUE TO		
(002X)	(c) Pulmonary Tuberculosis	unknown
II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senile Brain disease with Psychotic reaction	1,year

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
-	-	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
-	-			

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11/16, 1952, to 11/30, 1952, that I last saw the deceased alive on 11/29, 1952, and that death occurred at 11/30, 12.20, from the causes and on the date stated above.

Gertrude M. Gross (Signature) M.D. (Degree or title) Sykesville, Md. (ADDRESS) DATE SIGNED 11/30/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 3, 1952	Prospect Hill Cemetery	Towson, Md.

DATE REC'D BY LOCAL REGISTRAR: 12/4/52 — REGISTRAR'S SIGNATURE: A. N. Hedrick M.D. — 24. FUNERAL DIRECTOR: Willis Amoreau — ADDRESS: 4510 Liberty Hgts Ave.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): 6/25/1903
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) — (Last) Brenner

4. DATE OF DEATH: (Month) Nov. (Day) 8 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1877

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unk=

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: D.M.Brenner

14. MOTHER'S MAIDEN NAME: Nettie A.Brenner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): unk. (If Yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Records Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

491X

Immediate cause (a) Bronchopneumonia — DUE TO — Interval between onset and death: 24 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia hebephrenic type — 49 years

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN): — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9/1/47, 19....., to 11/8/52, 19....., that I last saw the deceased alive on 11/8/52, 19....., and that death occurred at 9:50 P.....m., from the causes and on the date stated above.

SIGNATURE Martin Gross M.D. (DEGREE OR TITLE) ADDRESS Sykesville, Maryland DATE SIGNED 11/10/52

Martin Gross, M.D.

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF 11/11/52 — NAME OF CEMETERY OR CREMATORY: University Md School — LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. Nov. 11, 1952 — REGISTRAR'S SIGNATURE C. Harry Weir — **24. FUNERAL DIRECTOR** James A Hemsley & Son — ADDRESS 78 W Biddle St

VS-A18 8-51

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
LENGTH OF STAY (In this place): all his life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Buckingham Addition

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
STREET ADDRESS (If rural, give location): 45 Charles Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHARLES	HENRY	BRIGHTFUL	November 9, 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Colored	Married	Nov. 12, 1911	41 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer - Building	Construction	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harper Brightful	Carrie Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	214-16-0243	Mrs. Mary A. Brightful, Westminster, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
32.0 Immediate cause (a) Acute Alcoholism	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William J. Scott	Assistant Medical Examiner	700 Fleet St., Balto. 2, Md.	11/10/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 12, '52	Mt Olivet Cemetery	New Windsor, Carroll Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/10/52	C. W. Redinch	J. E. Bayless Jr.	Westminster, Md

D.L.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7 6

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (In this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 117 E. Green Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 117 E. Green Street

3. NAME OF DECEASED (Type or Print): (First) Rhoda (Middle) Frances (Last) Buckingham

4. DATE OF DEATH: (Month) Nov. (Day) 14 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 14, 1870

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Carroll County, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elias N. Davis

14. MOTHER'S MAIDEN NAME: Catherine Bowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ----------

17. INFORMANT AND ADDRESS: J. Howell Davis R.6 Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute cardiac Decompensation	8 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Broncho-Pneumonia	8 days
	(c) Arteriosclerosis	2 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Bronchial Asthma	3 yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 6, 1952, to Nov 14, 1952, that I last saw the deceased alive on Nov. 14, 1952, and that death occurred at 10:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Thos R. Fouty M.D. Westminster Md 11-15-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov. 17 1952 | NAME OF CEMETERY OR CREMATORY: Deer Park Cemetery | LOCATION (City, town, or county) (State): Smallwood Md.

DATE RECD BY LOCAL REG. 11-17-52 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: John R. Byers | ADDRESS: Westminster, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 81

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Carroll County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) Mary (Last) Butler

4. DATE OF DEATH (Month) 11 (Day) 6 (Year) 1952

5. SEX Female | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 7-4-1860 | 9. AGE last birthday 92 yrs. | If under 1 year Months. 3 Days 2 | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Frederick Co | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James Boyer | 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — | (If year, give war or dates of service) — | 16. SOCIAL SECURITY NO. — | 17. INFORMANT Carrie Butler Union Bridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerosis

450.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1952, to Nov 6, 1952, that I last saw the deceased alive on Nov 5, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. H. Legg M.D. Union Bridge Md 11-7-52

23. BURIAL, CREMATION REMOVAL, (Specify) Burial | DATE 11-8-52 | NAME OF CEMETERY OR CREMATORY Lutheran Cemetery | LOCATION, (City, town, or county) Libertytown | (State) Md

DATE REC'D BY LOCAL REG. Nov. 7 1952 | REGISTRAR'S SIGNATURE Leslie R. Repp | 24. FUNERAL DIRECTOR Raymond A. Wright | ADDRESS

10N

Item #2 Film G 149
12/16/52 cmc

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Sykesville
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — Baltimore
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Eva	C.	Doney	Nov	6	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	wh	wid	Jan 19, 1881	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife		Md.	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Edward M. Abell	Sarah Abell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No			Husb. Balt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Myocardial disease	More than 2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerosis	12 yrs.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Splenomegaly of unknown cause; Psychosis with cerebral arteriosclerosis — 12 yrs.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
-----	----	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
----	----	----		

TIME (Month) OF INJURY	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
-----			M.		------

22. I hereby certify that I attended the deceased from 7-1, 19.50, to 11-6-, 19..52, that I last saw the deceased alive on 11-5-, 19..52, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
Walther H. Sonnenfeldt	Springfield State Hospital, Sykesville, Md.	11-6-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 8 1952	London Park	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/7/52	A. W. Harris	Bernard Gore	3334 Eastern Ave

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary Ellen	Gigler	Fuller	Nov.	6	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	White	Widowed	Nov. 11, 1867	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper	At home	Frederick Co. Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac Gigler	Mary Ellen Hammond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	[redacted]	Ida Fuller, Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardio Vascular Disease

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

Interval Between Onset and Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10/15, 1952, to 11/5, 1952, that I last saw the deceased alive on 11/5, 1952, and that death occurred at 1 10 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M E Robertson	M D	New Windsor, Md.	11/6/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/8/52	Church Cemetery	New Windsor, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 6/52	Ercel Buckel	R. C. Hartsfield & Sons	New Windsor, Md.

VS Form 1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-3

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) [illegible] (Last) Sl[illegible]

4. DATE OF DEATH (Month) [illegible] (Day) 13 (Year) 19[illegible]

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	April 27, 1871	81 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
[illegible]	[illegible] Miller	L[illegible] County, Virginia	U.S.A.

13. FATHER'S NAME: [illegible]

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
			Mrs. Nelson Bell, Taneytown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Organic Valvular Heart Disease	16 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Leakage of all Valves	1 year
	(c)	

4-1-14

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from October 28 19.52, to Nov. 13th, 19.52, that I last saw the deceased alive on Nov. 13th, 19.52, and that death occurred at 7:45 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C.M. Benner	M.D.	Taneytown Maryland.	Nov. 14, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/15/52	Keysville Cemetery	Keysville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 14, 1952	Ethel M. Melling Local	C.O. Fuss & Son	Taneytown, Maryland

RECEIVED
NOV 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A4

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 105 John Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 105 John Street

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) Brown (Last) Gorsuch

4. DATE OF DEATH: (Month) Nov. (Day) 6 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 7, 1865

9. AGE last birthday: 87 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Carroll County, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles W. Brown

14. MOTHER'S MAIDEN NAME: Catherine Tawney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ----------

17. INFORMANT AND ADDRESS: Lewis B. Gorsuch 105 John Westminster

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X

Immediate cause (a) Pneumonia Lobar

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis c Valvular Insufficiency & Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH: Nov 2 - 6 Several yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 2, 1952 to Nov 6, 1952 that I last saw the deceased alive on Nov 5, 1952 and that death occurred at 7:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wylene Speicher Westminster Md 11/6/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Nov. 8, 1952
NAME OF CEMETERY OR CREMATORY: Pleasant Grove
LOCATION (City, town, or county) (State): Sandyville Carroll Md.

DATE REC'D BY LOCAL REG. 11/7/52
REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: John R. Byers
ADDRESS: Westminster, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 75

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster RD 3 — LENGTH OF STAY (in this place) 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) RD 3 No Manchester

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
	Cloyd	Edward	HERBST	Nov	27	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb 16-1896	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Watch	Watchmaker & Distilling	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Franklin Herbst	Sarah Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no —	218-07-7238	Minnie Edith Herbst Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
153X Immediate cause	(a) Generalized Carcinomatosis DUE TO	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Primary Carcinoma of Caecum DUE TO	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
Aug. 25, 1952	Carcinoma of Caecum	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—			

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Aug 22, 1952, to Nov 25, 1952, that I last saw the deceased alive on Nov 25, 1952, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Frank E. Bushwood M.D. — ADDRESS Hampstead Md. — DATE SIGNED 11-26-52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov. 29-1952	Meadow Branch Cemetery	Westminster	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 29/52	Mrs. H.R.S. Lemmer	H. Bentz Hoff Westminster	Md.

VS. A 16 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown; LENGTH OF STAY (in this place) 50 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Amos (Middle) J. (Last) Hilbert

4. DATE OF DEATH: (Month) Nov. (Day) 4, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 6, 1871

9. AGE last birthday: 81 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Grain Elevator

11. BIRTHPLACE (State or foreign country): Penna

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jesse Hilbert

14. MOTHER'S MAIDEN NAME: Mary A Rittase

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Roy G. Baker, Taneytown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebrial Hemorrhage	22 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteria Sclerosis	2 years
	(c) —	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 13th, 1952, to Nov. 4th., 1952, that I last saw the deceased alive on November 3rd 1952, and that death occurred at 7:15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. M. Benner MD. ADDRESS Taneytown Maryland DATE SIGNED Nov. 5th 1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 8, 1952	Reformed Cemetery	Taneytown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
November 6 1952	Ethel M Mehring	C. O Fuss & Son	Taneytown, Md

Local

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
MARYLAND LENGTH OF STAY (in this place): 4 mos. 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore -17
STREET ADDRESS (If rural give location): 1438 W. Lanvale Street

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) (Last) HINES
4. DATE OF DEATH: (Month) November (Day) 22, (Year) 19 52

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec. 14, 1918
9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Charlotte Ct., W. Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Morton
14. MOTHER'S MAIDEN NAME: Emmett Coleman

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No: None
17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Far adv. bilat. pul. tbc. with cavitation — Interval Between Onset And Death: 1941

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(a) DUE TO
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1952, to Nov. 22, 19 52, that I last saw the deceased alive on Nov. 22, 1952, and that death occurred at 10: 40 A. M., from the causes and on the date stated above.

SIGNATURE (Degree or title): T. Vestal, M.D.
ADDRESS: Henryton, Maryland
DATE SIGNED: 11-22-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11-27-52
NAME OF CEMETERY OR CREMATORY: Lake, Virginia
LOCATION (City, town, or county) (State): Lake, Virginia

DATE REC'D BY LOCAL REGISTRAR: 11-22-52
REGISTRAR'S SIGNATURE: Albert R. Swankhaus, Deputy Local
24. FUNERAL DIRECTOR: Mrs Katie R. Williams
ADDRESS: 322 N. Schroeder St.

VS. A15

NOV 28
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural- Sykesville
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Penna. — COUNTY: Adams
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural --- Hanover
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DAVID		HUGHES	Nov.	24	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	6-27-1902	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Misc.	North Carolina	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Waits J. Hughes	Etta Forbes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	Unk-	Mrs. Pansy Hughes, R.D. Hanover, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Unk.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ ~~Inquiry~~ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James I Marsh	Deputy Medical Examiner	Westminster Md	11/24/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county) (State)
BURIAL	11-27-1952	Rest Haven	Hanover, Penna.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Nov. 26, 1952	C. Harry Weed	J.W. Little & Son, Littlestown, Pa.

VS-A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster, R.D.1
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Westminster, R.D.1 (Union Mills)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster, R.D.1
STREET ADDRESS (If rural, give location) Westminster, R.D.1 (Union Mills)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Ann Rebecca (Last) Humbert
4. DATE OF DEATH: (Month) (Day) (Year) 11/1/52
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 12/8/1860
9. AGE last birthday: 91 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework, (retired)
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Carroll County, Md.
12. CITIZEN OF WHAT COUNTRY?: U.S.A
13. FATHER'S NAME: Larkin Belt
14. MOTHER'S MAIDEN NAME: Mary Ann Hareheim
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: 1 Walter S. Humbert Westminster, Md. R.D

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage

232X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis indefinite

(c)

INTERVAL BETWEEN ONSET AND DEATH: 5 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental deterioration 3 yrs+

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 30, 1952 to Nov 1, 1952, that I last saw the deceased alive on Oct 31, 1952 and that death occurred at 7:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Reese Wilbern, M.D Westminster 11/3/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11/4/52
NAME OF CEMETERY OR CREMATORY: St. Marys Union Cemetery
LOCATION (City, town, or county) (State): Silver Run, Carroll Co. Md.

DATE REC'D BY LOCAL REG.: 11/3/52
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: J. M. Mitchell Per P. A. Little
ADDRESS: Littlestown, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH.
   COUNTY: CARROLL
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, SYKESVILLE
   LENGTH OF STAY (in this place): 7yr. 7 mo. 14 da.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: MARYLAND COUNTY: CALVERT
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NORTH BEACH
   STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) JAMES (Middle) EVERET (Last) HUTCHINS

4. DATE OF DEATH: (Month) 11 (Day) 23 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 4-11-83

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unk—

11. BIRTHPLACE (State or foreign country): Knoxville, Tennessee

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS B. HUTCHINS

14. MOTHER'S MAIDEN NAME: ANNIE HAGERMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Unk— (If Yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: Unk—

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) 002X 002 PULMONARY TUBERCULOSIS, BILATERAL — Interval Between Onset And Death: 7½ years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 422.1 Myocardial degeneration, with arteriosclerosis 9 years
C.B.S. Alcohol intoxication, with psychotic reaction

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) (Degree or title) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 9, 19 45 to Nov. 23, 19 52, that I last saw the deceased alive on Nov. 23, 1952 and that death occurred at 8:35 a.m., from the causes and on the date stated above.

SIGNATURE: Henry C. A. Mead, M.D. ADDRESS: Springfield State Hospital, Sykesville, Maryland DATE SIGNED: 11-24-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal DATE THEREOF: 11/25/52 NAME OF CEMETERY OR CREMATORY: University Med School LOCATION (City, town, or county): Balto City (State): Md

DATE REC'D BY LOCAL REGISTRAR: Nov. 25, 1952 REGISTRAR'S SIGNATURE: C. Harry Weer

24. FUNERAL DIRECTOR: Frances A Hemsley ADDRESS: 5-7811 Biddle St

NOV 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[illegible]: please write the causes of death clearly and legibly.

VS Art 5

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown; LENGTH OF STAY (in this place) 22 hrs.; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS East Baltimore Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown; STREET ADDRESS (If rural, give location) East Baltimore Street

3. NAME OF DECEASED (Type or Print): (First) CLAUDE (Middle) MEHRING (Last) LEFEVRE

4. DATE OF DEATH: (Month) Nov. (Day) 23 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 8. 1879

9. AGE last birthday: 73 yrs.

If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Schools

11. BIRTHPLACE (State or foreign country): Littlestown, PA.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James LeFevre

14. MOTHER'S MAIDEN NAME: Alice Mehring

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.

16. SOCIAL SECURITY NO.: 219-14-9539

17. INFORMANT AND ADDRESS: James D. LeFevre, Westminster, Md. R.D.7

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral vascular accident — Interval between onset and death: 19 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 November, 1952., to 23 November, 1952, that I last saw the deceased alive on 22 November, 1952, and that death occurred at 4:00 A.m., from the causes and on the date stated above.

SIGNATURE: Walton E. Stevens (Degree or title): M.D. ADDRESS: Taneytown, Md DATE SIGNED: 23 November 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11/25/52

NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cemetery

LOCATION (City, town, or county) (State): Littlestown, Adams Co. PA.

DATE REC'D BY LOCAL REG.: November 3, 1952

REGISTRAR'S SIGNATURE: Ethel M Mehring

24. FUNERAL DIRECTOR ADDRESS: J. M. Little & Son, Littlestown, PA.

Per O. A. Little

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 3-51

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): since 11/7/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location): 1520 Clement Street

3. NAME OF DECEASED: (Type or Print) (First) Hans (Middle) Henry (Last) LEINEWEBER

4. DATE OF DEATH: (Month) Nov. (Day) 15, (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: January 12, 1891

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steamship clerk

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: John Leineweber

14. MOTHER'S MAIDEN NAME: Catherine Berger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): unknown
(If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: 215-05-7869

17. INFORMANT & ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause: 420.1 Bronchopneumonia — Interval Between Onset and Death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last:
(a) .....
DUE TO
(b) Myocardtal Infarct — 11 days
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Psychosis with cerebral arteriosclerosis plus diabetes II years — 2 years

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---
(CITY OR TOWN) ---
(COUNTY)
(STATE)

TIME OF INJURY (Month) --- (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐ ---
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Feb. 1, 1952, to Nov. 15, 1952, that I last saw the deceased alive on Nov. 15, 1952, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (SIGNATURE OR TYPED) ADDRESS: Sykesville, Maryland — DATE SIGNED: 11-15-52

Martin Gross, M.D.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov. 18, 1952 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem. — LOCATION (City, town, or county): Balto. (State): Md.

DATE REC'D BY LOCAL REG. 11/17/52 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: 1400 ...Charl...t/

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Sykesville.
LENGTH OF STAY (in this place): 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location): 440 E Laraine Ave

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) MARY (Last) LUMBARD

4. DATE OF DEATH: (Month) Nov. (Day) 22 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Fem.	White	widowed	Jan. 24, 1877	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Nova Scotia
12. CITIZEN OF WHAT COUNTRY? Not Known

13. FATHER'S NAME: Clement De Veau
14. MOTHER'S MAIDEN NAME: Vincente Boniface

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	7 hrs
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive cardiovascular disease	5 yrs and longer
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis, simple deterioration — 5 yrs and longer

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 19 52, to Nov. 22, 19 52, that I last saw the deceased alive on 11/22, 19 52, and that death occurred at 12 45 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Gertrud Sonnenfeld M.D. Springfield State Hospit. 11/22/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 26-1952	Holy Redeemer Cem.	Balto. Maryland

DATE REC'D BY LOCAL REG. 11/24/52 — REGISTRAR'S SIGNATURE Hal Hedrick Deputy — 24. FUNERAL DIRECTOR ADDRESS Joseph Sumner 712-14 E North Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY ~~Balt~~ Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster — LENGTH OF STAY (In this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 177 E. Green St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 177 E. Green St.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Durand (Last) MacAlester
4. DATE OF DEATH: (Month) 11 (Day) 4 (Year) 1952
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Dec 7 1878
9. AGE last birthday: 73 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Taneytown Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Hiram I. Macalester
14. MOTHER'S MAIDEN NAME: Laura Ross
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. J. Durand Jordan 177 E. Green St Westminster

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiovascular Renal disease — Interval between Onset and Death: several mo

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension & myocardial degeneration — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

442 x

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

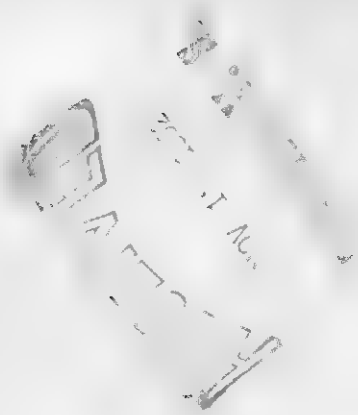
22. I hereby certify that I attended the deceased from Feb, 1952, to Nov 4, 1952, that I last saw the deceased alive on Nov 4, 1952, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Helen Speicher — ADDRESS Westminster — DATE SIGNED 11/4/52

23. BURIAL, CREMATION, REMOVAL (Specify) burial — DATE 11-6-52 — NAME OF CEMETERY OR CREMATORY Wesley Chapel — LOCATION (City, town, or county) (State) Monkton, Md

DATE REC'D BY LOCAL REG. 11/10/52 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR — ADDRESS J. Scott Brooks, Sparks, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; LENGTH OF STAY (in this place) 1 mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 105 S Linwood ave

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) — (Last) MARTIN

4. DATE OF DEATH (Month) Nov (Day) 8 (Year) 1952

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M | 8. DATE OF BIRTH July 3 1874 | 9. AGE last birthday 78 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY Elevator opr. | 11. BIRTHPLACE (State or foreign country) Md | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Martin | 14. MOTHER'S MAIDEN NAME Rachel Goodwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 216-10-8524 | 17. INFORMANT AND ADDRESS Franklin Martin, 105 S Linwood ave Balto Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	4 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerosis	1 yr.
4224	(c) Parkinsonis Disease	12 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 19 52, to Nov. 8, 19 52, that I last saw the deceased alive on Nov. 1, 19 52, and that death occurred at 8 4 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Hanna C. Perkins M.D | ADDRESS Hampstead, Md | DATE SIGNED 11/8/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Nov 11-1952 | NAME OF CEMETERY OR CREMATORY Fountain - | LOCATION (City, town, or county) (State) Buckeystown Md

DATE REC'D BY LOCAL REG. Nov 8 52 | REGISTRAR'S SIGNATURE Henry A Reed | 24. FUNERAL DIRECTOR Edw Clifton | ADDRESS Hampstead Md

L. F. Woodward

NOV 14 19[illegible]
BU[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster — LENGTH OF STAY in this place: about 2 yrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS New Windsor Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster R.D. #5 — STREET ADDRESS (If rural, give location) New Windsor Road

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) ARCHIE (Last) MARTIN

4. DATE OF DEATH: (Month) Nov. (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec 17 1897

9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Contractor

11. BIRTHPLACE (State or foreign country): Rupert W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jessie Martin

14. MOTHER'S MAIDEN NAME: Emma Kreiter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 234-22-5677

17. INFORMANT AND ADDRESS: Mrs. Catherine Martin, Westminster Md R.D.#5

18. MEDICAL CERTIFICATION

		Interval Between Onset and Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Coronary Occlusion	2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardio-Vascular Disease	unknown
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1952, to Nov. 4, 1952, that I last saw the deceased alive on Oct. 14, 1952, and that death occurred at 4.45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. E. Robertson	M.D.	New Windsor, Md	Nov. 4, 1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 7. 1952	Amwell Cemetery	Rupert, Greenbrier Co. W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/5/52	[illegible]	J. L. Myers Jr.	Westminster, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 81

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Union Bridge Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Linwood

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge Rural
STREET ADDRESS (If rural, give location) Linwood

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANNIE	ELIZABETH	MILBERRY	Nov	8	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	Colored	W	11/1/1884	68 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Maryland	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Andrew Hill	Harriett Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	none	Mrs Roscoe Davis, Union Bridge Rural

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemmorhage — 14 days.

331X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11/11, 1952, to 11/8, 1952, that I last saw the deceased alive on 11/8, 1952, and that death occurred at 9 00 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. E. Robertson	M.D.	New Windsor, Md	11/8/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 11- 1952	Mt my	Uniontown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Nov. 8, 1952	Leslie L. Repp	D D Hartley & sons Union Bridge & New Windsor, md

NOV

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct are is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Sykesville

LENGTH OF STAY (in this place): Unk.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: ---

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore City

STREET ADDRESS (If rural give location): 1601 Regester St.

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) Clarence (Last) Niblett

4. DATE OF DEATH: (Month) Nov. (Day) 27 (Year) 1952

5. SEX: m.

6. COLOR OR RACE: w.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Sept. 1, 1882

9. AGE last birthday: 70 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): yardman

10b. KIND OF BUSINESS OR INDUSTRY: Shell Oil Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wesley Niblett

14. MOTHER'S MAIDEN NAME: Harriett Kilmond

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: unk.

17. INFORMANT & ADDRESS: Records of Springfield State Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.1

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 8 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Congestive heart failure — 2 months

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arteriosclerosis with chorea — 7 years

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to Nov. 27, 1952, that I last saw the deceased alive on Nov. 27, 1952, and that death occurred at 12:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Martin Gross, M.D. — ADDRESS: Sykesville, Md. — DATE SIGNED: Nov. 27, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-1-52 — NAME OF CEMETERY OR CREMATORY: Parkwood — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REGISTRAR: Nov. 28, 1952 — REGISTRAR'S SIGNATURE: C. Harry Weis — 24. FUNERAL DIRECTOR: John Albrecht — ADDRESS: 2008 Orleans St. Balto.

VS. A15

Item 21 Film G148 11-20-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Sykesville

LENGTH OF STAY (in this place): 6mos. 23days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Knoxville

STREET ADDRESS (If rural, give location): R.F.D.#1

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Martha	Ellen	Nuce	Nov. 3 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	white	widow	6-23-1877	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housework	Home	Warfield, W.Va.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Amos Murray	L. Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
904.8 Immediate cause	(a) Myocardial disease	2
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerosis	2
	DUE TO (c) Senile Psychosis simple deterioration	16mos.
	Fracture of right femur 8/18/52	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	State Hospital	Sykesville, Md.		

TIME OF INJURY (Month) (Day) (Year) (Hour)		INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
unk.	M.		Patient found sitting on floor, apparently had fallen.

22. I hereby certify that I attended the deceased from 4-11, 19.52, to 11-3, 1952, that I last saw the deceased alive on 11-3, 19.52, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Walther H. Sonnenfeldt M.D.	Springfield State Hosp.	11/3/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, Town or county) (State)
Burial	11-7-52	Ebenezer	Nearsville Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 4, 1952	C. Harry Weer	C.H. Fuhs & Bro	Brunswick Md

V62 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1241 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): since 3/2/33
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Fred'k.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brunswick
STREET ADDRESS (If rural give location): ---

3. NAME OF DECEASED: (Type or Print) (First) Christopher (Middle) A. (Last) ORNDORFF

4. DATE OF DEATH: (Month) November (Day) 12 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Oct. 15, 1883

9. AGE last birthday: 69 yrs.
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Carpentry

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Hezekiah Orndorff

14. MOTHER'S MAIDEN NAME: Susan Lichliter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): unknown
(If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT & ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic cardiovascular disease — several years
DUE TO (c) ---

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. General Paresis — about 20 yrs.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION ---

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ---
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to Nov. 11, 1952, that I last saw the deceased alive on Nov. 11, 1952, and that death occurred at 12:35 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Martin Gross, M.D. — ADDRESS: Sykesville, Md. — DATE SIGNED: 11/12/52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 11/14/52
NAME OF CEMETERY OR CREMATORY: University Med School
LOCATION (City, town, or county) (State): Baltimore City Md

DATE REC'D BY LOCAL REGISTRAR: Nov. 14, 1952
REGISTRAR'S SIGNATURE: C. Henry Lee

24. FUNERAL DIRECTOR: Frances J Hemelyer
ADDRESS: 528 N Bridle St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 78

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Carroll MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown

LENGTH OF STAY (in this place) 40 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Carroll

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown

STREET ADDRESS (If rural, give location) E. Baltimore Street

3. NAME OF DECEASED: (Type or Print) (First) Alberta (Middle) G. (Last) Riffle

4. DATE OF DEATH: (Month) (Day) (Year) November 25 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: March 29, 1880

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Retail Grocery

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Agustus Riffle

14. MOTHER'S MAIDEN NAME: Alice Sheeley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: Mrs. A.G.Riffle, Taneytown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 1 hour

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) arteria Sclerosis — 2 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 24., 19.52, to Nov. 25., 19.52, that I last saw the deceased alive on Nov. 25, 19.52 and that death occurred at 10 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) L M. Benner MD ADDRESS Taneytown, Carroll Co. Md. DATE SIGNED Nov. 26, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov. 28, 1952 — NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery — LOCATION (City, town, or county) (State): Taneytown, Maryland

DATE REC'D BY LOCAL REG. November 27/52

REGISTRAR'S SIGNATURE Ethel M Mehring Local

24. FUNERAL DIRECTOR ADDRESS: C.O.FUSS & SON, Taneytown, Md.

DEC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN) Marriottsville Rural — LENGTH OF STAY (in this place) 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Marriottsville Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE M — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marriottsville Rural
STREET ADDRESS (If rural, give location) Marriottsville Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
James	Carl	Roberts	11	14	1952

5. SEX:	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	Single	11/11/52	yrs.		3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
		Md	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Frank Roberts	Rosie Lankersley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No No	None	Rosie Roberts, Marriottsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
776X Immediate cause	(a) Premature at 26 weeks	3 days
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) not known	
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

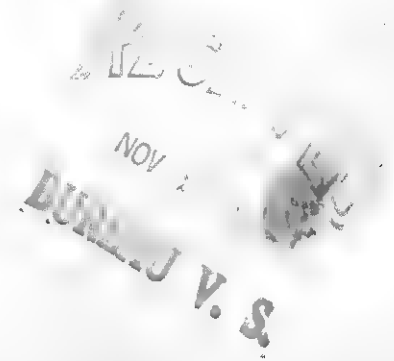
TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/11, 1952, to 11/14, 1952, that I last saw the deceased alive on 11/14, 1952, and that death occurred at ——m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Wm E Martin	MD	Randallstown Md	11/15/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11-17-52	Springfield	Sykesville, Md	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 16, 1952	C. Henry Eckert	Wm J Haight - Sykesville, Md	
10X225261		Luther A. Haight	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

118

Reg. Dist. No. 82

1. PLACE OF DEATH: COUNTY: Carroll — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Airy — LENGTH OF STAY (In this place): 3 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Airy
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): Paradise Ave.,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Winfred	P	Roberts	November 23, 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male (MALE)	White	married	6-5-1882	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Minister retired		M Virginia	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John T. Roberts	Lillie Della

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Mrs. Gertie Roberts, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Melanoma with metastisis	July, 1948
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

190X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
July 1946	Surgical removal of mole from behind right ear.	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 1950, to November 23, 1952, that I last saw the deceased alive on November 22, 1952, and that death occurred at 6:55 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Stanley Grabill	M.D.	Mt. Airy, Md.	11/25/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	11-26-1952	Pine Grove	Mt. Airy, Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 26/52	Emma L. Bunyard	C. M. Waltz,	Winfield, Md.

NOV 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (In this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 25 Court St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 25 Court St. 1957

3. NAME OF DECEASED (Type or Print): (First) MARK (Middle) FREDERICK (Last) SCHILDWACHTER
4. DATE OF DEATH: (Month) Nov. (Day) 19 (Year)

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 6 June 50
9. AGE last birthday: 2 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY: USA.

13. FATHER'S NAME: Austin Frederick Schildwachter
14. MOTHER'S MAIDEN NAME: Elizabeth J. Sanders
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Father. 25 Court St. Westminster, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Sub Acute Lymphatic Leukemia.	3 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Lymphosarcoma. Mediastinal	2 mo.
	(c)	

204.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 June, 19 50, to 19 Nov, 19 57, that I last saw the deceased alive on 19 Nov, 19 57, and that death occurred at 8:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
G. Allen Moulton MD.	Westminster. Md.	20 Nov 57

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 21	Prospect Cemetery	Funeral instructions Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 21/57	Kay Fogle Asst. Dep. Registrar	J. E. Myers Jr.	Westminster Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BETHESDA
STREET ADDRESS (If rural give location) 8509 HAZELWOOD DRIVE ✓

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) FENWICK (Last) SHUGRUE

4. DATE OF DEATH: (Month) 11 (Day) 5 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: Unk—

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Unk—

10b. KIND OF BUSINESS OR INDUSTRY: Unk—

11. BIRTHPLACE (State or foreign country): Unk—

12. CITIZEN OF WHAT COUNTRY? Unk—

13. FATHER'S NAME: Unk—

14. MOTHER'S MAIDEN NAME: Unk—

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: Unk—

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

442 X
Immediate cause (a) ~~447~~ ARTERIOSCLEROTIC HYPERTENSIVE HEART DISEASE — Unknown

DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 4, 1952, to Nov. 5, 1952, that I last saw the deceased alive on Nov. 5, 1952, and that death occurred at 7:20 a.m., from the causes and on the date stated above.

SIGNATURE (Title or Title) Henry C. A. Head, M. D. ADDRESS Springfield State Hospital, Sykesville, Md. DATE SIGNED 11-5-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11/8/52 NAME OF CEMETERY OR CREMATORY St Johns LOCATION (City, town, or county) Front Glen (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 6, 1952 REGISTRAR'S SIGNATURE C. Henry Elder

24. FUNERAL DIRECTOR Martin & Hyson Co ADDRESS 1300 N.J. Ave. N.W. Washington D.C.

VS/A15

RECEIVED
NOV 10
J V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 12/29/50
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY —
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) 3103 W. North Ave

3. NAME OF DECEASED: (Type or Print) (First) Martin (Middle) Joseph (Last) Sisselberger

4. DATE OF DEATH: (Month) Nov. (Day) 29 (Year) 1952

5. SEX: m.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 6/27/74

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Sheet metal worker

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Sisselberger

14. MOTHER'S MAIDEN NAME: Mary E. Quade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unkn. (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 214-18-2202

17. INFORMANT & ADDRESS. Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

over

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — 2 years

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT — SUICIDE — HOMICIDE — (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct. 13, 19 51 to Nov. 29, 19 52, that I last saw the deceased alive on Nov. 29, 19 52, and that death occurred at 2:08 pm., from the causes and on the date stated above.

SIGNATURE (Degree or title) Martin Gross M.D. — ADDRESS Sykesville, Md. — DATE SIGNED 9/29/52

Martin Gross M.D.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/3/52 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem. — LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 12/2/52 — REGISTRAR'S SIGNATURE A. W. Hedrick M.D. — 24. FUNERAL DIRECTOR Wm. J. Tickner & Sons — ADDRESS Balto 17, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY CARROLL; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TANEYTOWN; LENGTH OF STAY (in this place) 15 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS STAND-PIPE ALLEY

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY CARROLL; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TANEYTOWN; STREET ADDRESS (If rural, give location) STAND-PIPE ALLEY

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ALBERT	ROY	SIX	NOV	30	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	WIDOWED	SEPT. 9. 1882	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMING		MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM F. SIX	MARY CATHERINE STAMBAUGH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	213-12-8009	MRS. CLARA VIRGINIA CLABAUGH

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARDIO-RESPIRATORY FAILURE	10 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CEREBRO-VASCULAR ACCIDENT	16 days.
	(c) GENERALIZED ARTERIO SCLEROSIS	24 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1952, to 29 November 1952, that I last saw the deceased alive on 29 November 1952, and that death occurred at 12:50 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Walton E Stevens	MD	Taneytown Maryland	30 Nov 52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec 2 1952	Keysville	Keysville	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
November 30 1952	Ethel A Mehring Local	C O Fissel Son	Taneytown Md

VS AD 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1 8-52

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) [illegible]ville
LENGTH OF STAY (in this place) 3 [illegible] mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]ltimore
STREET ADDRESS (If rural, give location) [illegible]lpern

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) Bickel (Last) Smith

4. DATE OF DEATH: (Month) November (Day) 4, (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): [illegible]

8. DATE OF BIRTH: [illegible]-12-18[illegible]

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Artist

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Horse Smith

14. MOTHER'S MAIDEN NAME: Barbara

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) n

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 427.1

Immediate cause (a) [illegible]myocarditis [illegible]myocardial degeneration — Interval Between Onset and Death: months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Arteriosclerosis — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis, paranoid type

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY: Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-20, 1950, to 11-2, 1952, that I last saw the deceased alive on 11-2, 1952, and that death occurred at 5:24 a.m., from the causes and on the date stated above.

SIGNATURE Irene L. Hitchman, M.D. (DEGREE OR TITLE) **ADDRESS** Springfield State Hospital **DATE SIGNED** 11-4-52

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — **DATE THEREOF** Nov 6/52 — **NAME OF CEMETERY OR CREMATORY** London Park Crematory — **LOCATION (City, town, or county) (State)** Balto Md

DATE REC'D BY LOCAL REG. 11/6/52 — **REGISTRAR'S SIGNATURE** A. W. Hed

24. FUNERAL DIRECTOR Harry H Weiss — **ADDRESS** 4101 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harney; MARYLAND; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harney; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Alfred (Last) Snider

4. DATE OF DEATH: (Month) Nov. (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 17, 1872

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Tenant

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Ambrose Snider

14. MOTHER'S MAIDEN NAME: Margaret Alice Bowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs William A Snider, Taneytown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis + Myocardial Degeneration	5yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10yrs.
	(c)	

4 x 0 1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis (Arteriosclerotic Kidney) 5yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/9, 1941, to 11/4, 1952, that I last saw the deceased alive on 11/3, 1952, and that death occurred at 2 a. m., from the causes and on the date stated above.

SIGNATURE: R. D. McCaughey (Degree or title) M.D. ADDRESS Taneytown, Md. DATE SIGNED 11/5/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Nov. 7 1952; NAME OF CEMETERY OR CREMATORY: St. Pauls Lutheran Cemetery; LOCATION (City, town, or county) (State): Harney, Carroll, Md.

DATE REC'D BY LOCAL REG.: Nov. 6, 1952; REGISTRAR'S SIGNATURE: Ethel M Mehring

24. FUNERAL DIRECTOR: C. O. Fuss & Son; ADDRESS: Taneytown, Md.

5024

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL WESTMINSTER — LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 416 E. MAIN St

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. — COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WARFIELDSBURG
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANNIE	REBECCA	STONER	NOV.	12	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	WIDOW	DEC. 5, 1868	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JABEZ A. BUSH	ANNIE M. SHILLING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	NONE	Mrs Paul Brown 416 E. Main St Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ____

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Cerebral Hemorrhage — 6 hours.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Grunge Cesteris - Accessis - 164.0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/12, 1952, to 11/12, 1952, that I last saw the deceased alive on 11/12, 1952, and that death occurred at 8 A.m., from the causes and on the date stated above.

SIGNATURE Theodore Bowers (Degree or title) M.D. ADDRESS Westminster, Md. DATE SIGNED 11/12/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov. 14, 1952	Sandy Mount Cemetery	Westminster R.D.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/13/52	[signature]	H. Bankard & Son	Westminster, Md.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH
COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Pleasant Valley, Westminster
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, West Pennsylvania
STREET ADDRESS (If rural, give location) Pleasant Valley

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	EDWARD	STUDY	Nov.	24	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	married	Jan. 25 1885	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer - retired	Westminster Md. College	Carroll Co. Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob Study	Rebecca Koontz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	220-24-8561	Mrs. Leroy Williams, Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) acute cardiac dilatation	18 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) multiple sclerosis	2 yrs 5 mo
345X	(c) Renal Muscular Paralysis	6 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 6-7-, 1952, to 11-24-, 1952, that I last saw the deceased alive on Nov. 22 52, and that death occurred at 2:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Chas. R Foutz MD	Westminster Md	11-24-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 26 52	Meadow Branch	Westminster Md. R.D.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 25-1952	C Kay Fogle Dep. Local Reg.	J. S. Myers Jr.	Westminster Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-7

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (RURAL) MANCHESTER
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS PETER'S LUCK FARM

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (RURAL) MANCHESTER
STREET ADDRESS (If rural, give location) PETERS LUCK FARM

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	FOSTER	THOMPSON	NOV.	6	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	MARRIED	1-3-1883	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ANTIQUE DEALER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: H. A. FOSTER
14. MOTHER'S MAIDEN NAME: ANNABEL RAUSCHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: HARRY C. THOMPSON ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Metastatic cancer	6 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cancer of breast	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May, 1951, to Nov. 6, 1952, that I last saw the deceased alive on Nov. 4, 1952, and that death occurred at 5:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John H. Treacher MD 1035 N. Calvert St. Baltimore Md. 11/6/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
CREMATION	11-7-1952	GREENMOUNT	BALTO	MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/7/52	[signature]	H.W. JENKINS & SONS CO.	4905 YORK RD. BALTO., 12, MD.

Dnr

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster; LENGTH OF STAY (in this place) 3 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Glover Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gamber; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) C. (Last) WAILES

4. DATE OF DEATH: (Month) NOV. (Day) 13 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: Nov. 17-1866

9. AGE last birthday: 85 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY: own farm.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John P. Wailes

14. MOTHER'S MAIDEN NAME: Mary Beckett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Springlake Way Earl Wailes 5203 Balto. 12, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic heart disease — Interval between onset and death: Bouts

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes — about 20 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1952 to Nov. 13, 1952 that I last saw the deceased alive on Nov. 12 1952 and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R Reese Wilkerson M.D. Westminster Nov

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 11-17-1952

NAME OF CEMETERY OR CREMATORY: Lorraine Park Cemetery

LOCATION (City, town, or county): Balto

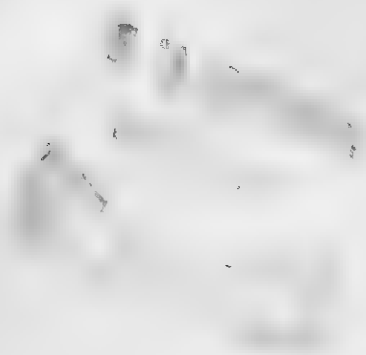
(State): Md.

DATE REC'D BY LOCAL REG.: 11/15/52

REGISTRAR'S SIGNATURE: H Crandall

24. FUNERAL DIRECTOR: H Bankard

ADDRESS: Westminster, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-5

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Westminster
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Carroll COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Westminster
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) LEANDER (Middle) C (Last) WANTZ

4. DATE OF DEATH: (Month) Nov (Day) 15 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 27, 1868

9. AGE last birthday: 84 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Const. Construction

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert M. Wantz

14. MOTHER'S MAIDEN NAME: Annie E. Ditch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: 10 min

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Artery disease — 6 wks.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-27, 1952, to 11/15, 1952, that I last saw the deceased alive on 11/15, 1952, and that death occurred at 2:25 p.m., from the causes and on the date stated above.

SIGNATURE James I Moore (Degree or title) M.D ADDRESS Westminster Md DATE SIGNED 11/16/52

23. BURIAL, CREMATION, REMOVAL (Specify):

DATE: Nov 18, 52

NAME OF CEMETERY OR CREMATORY: Pleasant Valley Cemetery

LOCATION (City, town, or county) (State): Pleasant Valley, Md.

DATE RECD BY LOCAL REG. Nov 18, 52

REGISTRAR'S SIGNATURE Margaret R. Engler

24. FUNERAL DIRECTOR: C.O. Fuss & Son, Inc. Westminster, Md.

ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12430

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithers
LENGTH OF STAY (in this place) 41 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithers
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Boone (Last) Watkins

4. DATE OF DEATH: (Month) Nov. (Day) 14 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 15, 1877

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Telegraph Operator

10b. KIND OF BUSINESS OR INDUSTRY: B & O. R. R.

11. BIRTHPLACE (State or foreign country): Beltsville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis A. Watkins

14. MOTHER'S MAIDEN NAME: Sarah E. Almeck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: Unk —

17. INFORMANT & ADDRESS: Mrs Bessie M. Watkins - Gaithers, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cerebral hemorrhage — 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/13/52, to 11/14/52, that I last saw the deceased alive on 11/14/52, and that death occurred at 7:07 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. E. Martin M.D. ADDRESS Randallstown Md DATE SIGNED 11/15/52

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial — DATE THEREOF 11-17-52 — NAME OF CEMETERY OR CREMATORY Springfield — LOCATION (City, town, or county) (State) Sykesville, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 16, 1952 — REGISTRAR'S SIGNATURE C. Harry Weld

24. FUNERAL DIRECTOR Weyl & Haight — ADDRESS Sykesville, Md.

Luther H. Haight

VS. A15

RECEIVED
NOV 20 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12431

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ... is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A...

1. PLACE OF DEATH:
COUNTY Carroll, Sykesville, MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Sykesville
LENGTH OF STAY (in this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
4918 Greenway Drive, Green Acres, Md.
STATE (Washington 16, D.C.) COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Octavia (Middle) Bessie (Last) Wilkerson

4. DATE OF DEATH: (Month) November (Day) 22 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9/3/70

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Cashell

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unk----

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

443X
Immediate cause (a) (331) Cerebral hemorrhage — Minutes
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) (440 Hypertensive cardiovascular disease — Indefinite
DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/24, 1952, to Nov. 22, 1952, that I last saw the deceased alive on 11/22/, 1952 and that death occurred at 9:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M.D. Springfield State Hospital, Sykesville, Md. Nov. 22, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11-24-52 — NAME OF CEMETERY OR CREMATORY Oakland — LOCATION (City, town or county) Weldon (State) Md.

DATE RECD BY LOCAL REGISTRAR Nov. 23, 1952 — REGISTRAR'S SIGNATURE C. Harry Dew

24. FUNERAL DIRECTOR Dew & Haight - Sykesville, Md. ADDRESS
Luther H. Haight

RECEIVED
NOV 28 1952
BUREAU V. S.